

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047549

Entity Name: ICE CREAM DELIGHTS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1111 WASHINGTON ST
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

1202 N BROADWALK
HOLLYWOOD, FL 33020 US

Current Mailing Address:

1111 WASHINGTON ST
HOLLYWOOD, FL 33019 US

New Mailing Address:

2650 JOHNSON ST
HOLLYWOOD, FL 33020 US

FEI Number: 20-2830453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERKASOVA-GONZALEZ, OLGA
1111 WASHINGTON ST
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

TUPIKINA, MARIYA
2650 JOHNSON ST
HOLLYWOOD, FL 33020 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIYA TUPIKINA

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PR () Delete
Name: CHERKASOVA-GONZALEZ, OLGA
Address: 1111 WASHINGTON ST
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: V-PR (X) Delete
Name: GORBUNOV, DMITRIY
Address: 1111 WASHINGTON ST
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: TUPIKINA, MARIYA
Address: 2650 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIYA TUPIKINA

P

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date